



RTV6 Telethon benefiting Peyton Manning Children's Hospital at St. Vincent Contribution Form

Donor Name _____

Home Address _____

City, State, Zip _____

Phone _____ Email _____

Name(s) to appear in donor listings as: _____

I would like my gift to be anonymous.

Gift Designation:

Peyton Manning Children's Hospital at St. Vincent

Specific Program or Initiative _____

Method of Payment:

One time gift of \$ _____ by **Check** (make payable to St. Vincent Foundation)

One time gift of \$ _____ by **Credit Card**

Recurring monthly gift of \$ _____ by **Credit Card** (You may cancel or change your recurring gift at any time.)

Credit Card Gift Information (MC, VISA, AmEx, Discover):

Name as listed on card _____

Credit Card # _____ Exp. Date _____

Signature _____

Tribute (optional):

This gift is in (select one) memory honor of: Name _____

Please Notify:

Name _____

Street _____

City, State Zip _____

Thank you for your contribution!

Please return this form to:
St. Vincent Foundation
8402 Harcourt Rd, Suite 210
Indianapolis, IN 46260

Questions? Visit give.stvincent.org or call 317.338.2338.